

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10602267

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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TOTAL IND.			42			
TOTAL DEP.			54			
TOTAL CLAIMS			96			

	IND	DEP	IND	DEP	IND	DEP
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98						
99						
100						
TOTAL IND.			42			
TOTAL DEP.			54			
TOTAL CLAIMS			96			

50  
42  
96